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AMERICANS AND CANADIANS WARMING UP TO INTERNET GAMBLING, SAYS IPSOS POLL

A recent Ipsos Reid survey conducted online with American and Canadian respondents as part of a joint U.S./Canada lottery study has found that, when compared to two years ago, more people in both countries would be willing to see it permitted as long as it were regulated. Half of Americans (49%) and slightly more than half of Canadians (55%) are willing to permit Internet gambling as long as government regulations are in place. This represents a slight increase in tolerance when compared to the 2007 study, where 46% of Americans and 48% of Canadians shared this view

If Internet gambling were made legal in their respective countries, Americans and Canadians both feel that the regulatory responsibility should be in the hands of the federal government, but the degree of that sentiment varies. In the U.S., 55% of respondents feel the federal government should be the regulator whereas 45% feel it should be handled at the state level. Canadians are more intent on federal regulation, with two-thirds (67%) feeling the onus should be at the federal level and only a third (33%) feeling it should be a provincial matter.

"The regulation issue has the biggest impact on American gambling behaviours," said Paul Lauzon, Senior Vice President and Managing Director of Ipsos Reid's Lottery & Gaming Group. "Across the board on a number of gambling, betting, and gaming options, we see that Americans are more concerned with regulation than Canadians. Comparing a number of legally permitted gambling options, Canadian interest in playing remains almost unchanged based on regulation or no regulation. But Americans feel more comfortable in playing betting games and gambling when there is a system government regulation in place."

Internet Gambling: Should it be Banned?

	Canada			United States		
	2007	2008	2010	2007	2008	2010
Internet gambling should be banned altogether						
Total	32%	34%	29%	28%	35%	23%
18 - 34	18%	20%	18%	15%	20%	11%
35 - 54	32%	36%	29%	26%	33%	23%
55+	44%	44%	38%	44%	53%	35%

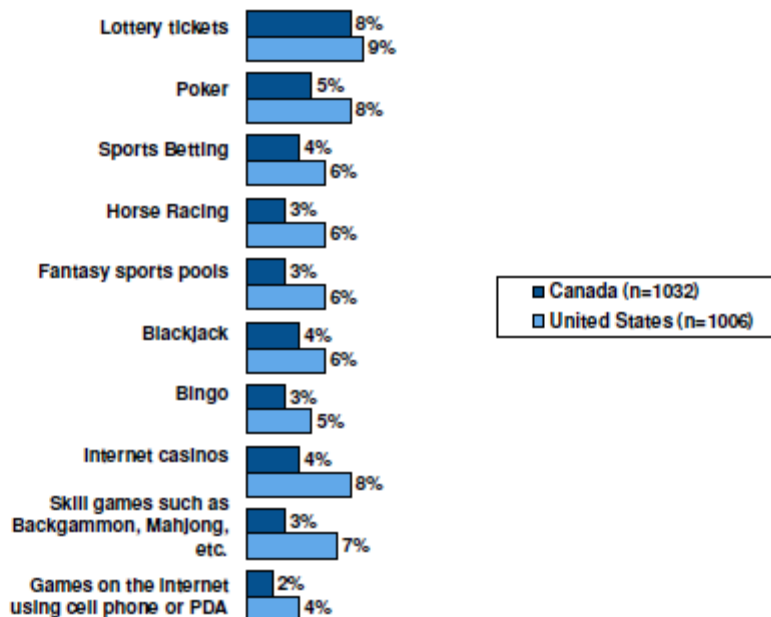
Internet Gambling: Should it be Allowed, but Regulated?

	Canada			United States		
	2007	2008	2010	2007	2008	2010
Internet gambling should be permitted as long as it is regulated by the government						
Total	48%	48%	55%	46%	38%	49%
18 - 34	59%	57%	64%	57%	49%	63%
35 - 54	47%	45%	54%	45%	38%	45%
55+	40%	44%	48%	35%	26%	41%

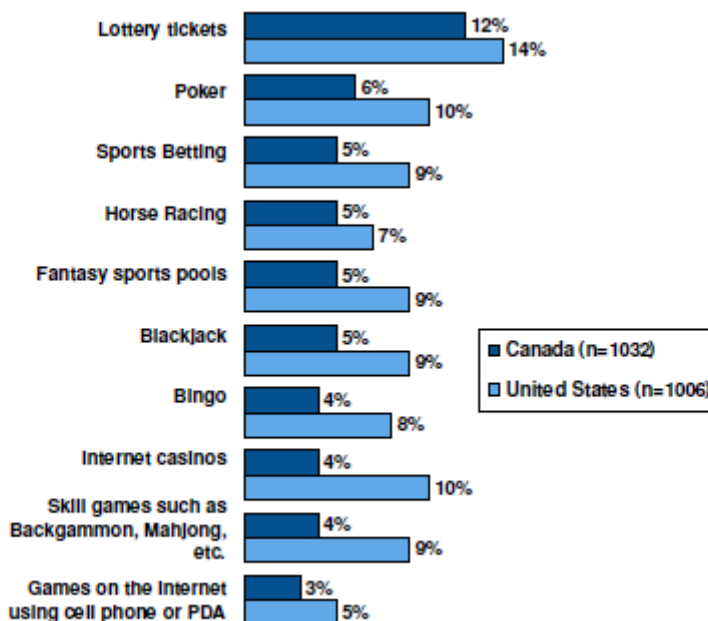
Internet Gambling: Should it be Allowed Without Regulation?

	Canada			United States		
	2007	2008	2010	2007	2008	2010
Internet gambling should be permitted without government regulation						
Total	20%	18%	17%	26%	28%	28%
18 - 34	22%	23%	18%	28%	31%	26%
35 - 54	21%	19%	18%	29%	29%	33%
55+	16%	12%	14%	21%	22%	23%

If Internet gambling was legally permitted but NOT regulated by any form of government, how likely would you be to spend money on any of the following activities during the next 12 months?



If Internet gambling was legally permitted and regulated by some form of government, how likely would you be to spend money on any of the following activities during the next 12 months?



For the U.S. portion of this survey, a national sample of 1 006 adults from Ipsos' U.S. online panel was interviewed online. Weighting was then employed to balance demographics and ensure that the sample's composition reflects that of the adult population according to Census data and to provide results intended to approximate the sample universe.

For the Canadian portion of this survey, a national sample of 1 032 adults from Ipsos' Canadian online panel was interviewed online. Weighting was then employed to balance demographics and ensure that the sample's composition reflects that of the adult population according to Census data and to provide results intended to approximate the sample universe.

NEW EDITION OF CANADIAN GAMBLING DIGEST NOW AVAILABLE

In 2004, a group of non-profit organizations, gaming providers, and gaming regulators came together to form the Canadian Partnership for Responsible Gambling (CPRG). The first priority of the Partnership was the assembly of reliable and accurate gambling-related information across the country. The result was the *Canadian Gambling Digest*, an annual report of statistics related to gambling in each of the ten Canadian provinces. This edition of the *Digest* is the seventh report released to date.

The *Digest* is arranged by subject matter, starting with general industry data (venues, games, charitable gaming licences), followed by revenues, revenue distributions, gambling participation, problem gambling prevalence, and problem gambling assistance (helpline calls, clients, counsellors, on-site support centres). Data in each section is presented in tables and charts. Accompanying text describes the data and highlights some of its more salient features. While considerable effort is made to ensure that the information in a given table or chart is comparable across provinces, this is not always possible due to differences in record keeping and other factors.

Problem Gambling Prevalence

The tables below present the problem gambling prevalence data from individual provincial and Statistics Canada's national survey. As the tables show, according to the provincial surveys, the prevalence of moderate-risk and problem gamblers combined ranges from 1.6% in Prince Edward Island to 6.1% in Manitoba. According to the national survey, it ranges from 1.6% in both Québec and New Brunswick to 3.1% in Manitoba. Across the country overall, data from the two survey types together suggest that approximately 2.5% to 3.7% of adult Canadians can be classified as moderate-risk or problem gamblers.

Problem Gambling Prevalence: Provincial Surveys

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Survey details										
Age of sample	18+	18+	19+	18+	18+	18+	19+	19+	18+	19+
Size of sample	3,000	1804	1848	6007	3604	8828	800	2500	1000	4002
Year of survey	2007	2001	2001	2006	2005	2002	2001	2007	2005	2009
CPGI levels (%)										
Non-gamblers	27.1	18.0	13.4	14.4	36.6	19.6	19.0	13.0	18.1	22.8
Non-problem gamblers	59.6	67.0	71.4	69.9	54.1	78.6	72.9	80.9	79.1	68.7
Low-risk gamblers	8.7	9.8	9.3	9.6	5.8		4.9	3.6	1.2	6.2
Moderate-risk gamblers	3.7	3.9	4.7	2.6	0.9	1.8	1.6	0.7	1.7	
Problem gamblers	0.9	1.3	1.2	1.4	0.8	0.8	1.4	0.9	0.9	0.7
Total moderate risk and problem	4.6	5.2	5.9	6.1	3.4	1.7	3.2	2.5	1.6	2.4

Problem Gambling Prevalence: National Survey

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Survey details										
Age of sample	15+									
Size of sample	Approximately 30 000									
Year of survey	2002									
CPGI levels (%)										
Non-gamblers	25.5	28.4	24.0	25.7	25.1	20.5	23.6	22.1	25.3	24.6
Non-problem gamblers	69.3	66	68.9	67.3	70.0	75.9	72.3	73.4	71.1	70.6
Low-risk gamblers	3.2	3.4	4.1	3.9	2.8	2.0	2.5	2.5	1.8	2.8
Moderate-risk gamblers	1.4	1.6	1.9	2.5	1.6	1.3	1.1	1.1	1.3	1.4
Problem gamblers	0.5	0.5	1.1	0.6	0.4	0.3	F	0.8	F	F
Total moderate risk and problem	2.0	2.2	3.0	3.1	2.0	1.6	1.6	1.9	1.7	2.0

F signifies too unreliable to report.

The full document may be accessed at -

http://www.cprg.ca/articles/Canadian_Gambling_Digest_2008-09.pdf

PROBLEM GAMBLING ASSOCIATIONS: GAMBLING MOTIVATIONS AND PERCEPTIONS OF MONEY-LIMITING STRATEGIES

Research has indicated that electronic gaming machines (EGMs) are associated with higher rates of problem gambling. However, new research reveals that this association is not causal. When we take the extent of gambling into account (i.e., involvement), this association disappears^{1,2}. Consequently, a growing body of research now indicates that EGMs are not inherently "addictive"^{3, 4}. The most recent

¹ Welte, J., Barnes, G., Wieczorek, W., Tidwell, M., & Parker, J. (2004). Risk factors for pathological gambling. *Addictive Behaviors*, 29(2)

² LaPlante, D. A., Nelson, S. E., LaBrie, R. A., & Shaffer, H. J. (In press). The relationships between disordered gambling, type of gambling, and gambling involvement in the British Gambling Prevalence Survey 2007. *European Journal of Public Health* (in press)

³ Blaszczynski, A., Sharpe, L., Walker, M., Shannon, K., & Coughlan, M.-J. (2005). Structural characteristics of electronic gaming machines and satisfaction of play among recreational and problem gamblers. *International Gambling Studies*, 5

issue of *the WAGER* reviews a study that considers whether self-reported EGM playing motivations and perceptions of EGM money-limiting strategies might correlate with certain players experiencing gambling problems.⁵

The researchers recruited 127 study participants as they entered the gaming area of one of four venues in a metropolitan area of Australia.

A series of pen and paper questionnaires, nearly all of which were designed by the authors, assessed the following –

- Gambling preferences (i.e., amount spent gambling, times gambled per month, favourite gambling form, reasons for playing machines).
- Perceptions of money-related harm reduction strategies (i.e., setting limits, using pre-loaded smart cards instead of cash).
- Gambling severity via the Problem Gambling Severity Index of the Canadian Problem Gambling Index.

Participants were dichotomized into the following severity groups: non-problem, low-risk, moderate-risk and problem. The researchers conducted bivariate analyses (i.e., Pearson Chi-square, ANOVA and ANCOVA) to examine the relationships between independent variables and gambling severity groups.

Primary reasons for gambling on EGMs by gambling severity group

	Non-problem gambler (n=58)		Low-risk gambler (n=25)		Moderate-risk gambler (n=20)		Problem gambler (n=19)	
	No.	%	No.	%	No.	%	No.	%
For fun and enjoyment	40	64.5	18	72.0	15	75.0	8	42.1
Because it is exciting and entertaining	1	1.6	6	24.0	3	15.0	9	47.4
To socialise with others	7	11.3	6	24.0	2	10.0	3	15.8
To earn additional income	2	3.2	3	12.0	1	5.0	5	26.3
To get away from daily hassles and problems	5	8.1	4	16.0	3	15.0	8	42.1

Results

Compared to their non-problem gambling counterparts, those in the problem gambling group were significantly more likely to indicate that they played EGMs to earn additional income and to escape daily hassles and problems (see table above). In general, those in the problem gambling group were less likely than those in other groups to endorse using monetary limit-settings, such as smart cards, prior to EGM gambling and more likely to indicate they lost track of money spent during a session.

Nower and Blaszczynski found that participants classified as problem gamblers were more likely to report playing EGMs to earn income or to escape daily troubles than non-problem gamblers. In addition, this study reported that problem gamblers had less favourable impressions toward EGM money-limiting strategies. These characteristics might influence gambling more than interest in, or the characteristics, of a particular game. These findings are consistent with other research that has indicated gambling involvement is a better predictor of gambling problems than participation in a particular game.^{6,7}

*The WAGER, Vol. 15(3)
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NCPG COMMENTS ON PROPOSED CHANGES TO DSM

The National Council on Problem Gambling (NCPG) has commented on the by American Psychiatric Association’s proposed changes to the classification of gambling problems in the DSM-5. (For full details of the proposed amendments, see the February 2010 issue of the *Digest*). In its submission, Keith Whyte – the executive director of the NCPG – provides comment on four specific issues –

1. The importance of the criterion “has committed illegal acts” in the diagnosis of pathological gambling

The NCPG questions the elimination of the diagnostic criterion “has committed illegal acts such as forgery, fraud, theft or embezzlement to finance gambling.” The DSM-5 website references only one source for this proposed change⁸ and the Board recommends additional research before the adoption of

⁴ Dowling, N., & Thomas, T. (2005). Electronic gaming machines: Are they the ‘crack-cocaine’ of gambling? *Addiction*, 100

⁵ Nower, L., & Blaszczynski, A. (2010). Gambling motivations, money-limiting strategies, and precommitment preferences of problem versus non-problem gamblers. *Journal of Gambling Studies*, epub ahead of print.

⁶ Welte, J., Barnes, G., Tidwell, M., & Hoffman, J. (2009). The association of form of gambling with problem gambling among American youth. *Psychology of Addictive Behaviors*, 23(1)

⁷ Welte, J., Barnes, G., Wieczorek, W., Tidwell, M., & Parker, J. (2004). Risk factors for pathological gambling. *Addictive Behaviors*, 29(2)

⁸ Strong, D. R., & Kahler, C. W. (2007). Evaluation of the continuum of gambling problems using the DSM-IV.

this change. In population surveys, researchers have found that while "illegal acts" is the DSM-IV criterion least likely to be endorsed, this item is the most reliable discriminator between individuals who score at the highest level of pathological gambling severity (endorsing 8 to 10 criteria) and those who endorse fewer criteria⁹.

2. The impact of changing the diagnosis threshold

Under DSM-IV, a diagnosis of pathological gambling requires endorsement of five out of ten criteria (50%). Under the new proposal, diagnosis would require endorsement of five out of nine criteria (55.5%). In addition, the DSM-5 website lists several published references that support lowering the threshold for a diagnosis of pathological gambling to 4 out of 10 criteria. There are no references provided in support of increasing the threshold.

3. The need to recognize a broader spectrum of gambling problems by adding a subclinical category of "problem gambling" analogous to alcohol and substance abuse or developing severity criteria

In addition to the need to lower the threshold for a pathological gambling diagnosis, the NCPG believes that there is need for a subclinical category of "problem gambling" that more accurately reflects the full spectrum of gambling involvement in the population. Internationally, there is a large body of research supporting the view that gambling occurs on a continuum that ranges from no gambling to social gambling to problem gambling to pathological gambling¹⁰. We believe that it is essential that different levels of severity of gambling involvement be reflected in the DSM-5 classification. We recommend severity specifiers should be developed for moderate and severe gambling disorders, mirroring the proposed substance-use disorder criteria.

4. The need to make provision for sub-typing of problem and pathological gamblers to recognize different pathways into the disorder

While it may not be relevant to the diagnostic criteria, the NCPG believes that the evidence DSM-5 information on gambling disorders should reflect sub-types of problem and pathological gamblers. There is substantial and growing evidence that disordered gamblers are not a homogeneous group but instead are rather heterogeneous¹¹. There are clearly diverse pathways into problem and pathological gambling as well as the range of motivations for gambling involvement (action/escape). Sub-typing of problem and pathological gamblers would be particularly helpful in making decisions on medication usage where gambling driven by urges and gambling related to difficulties inhibiting behaviour may respond differently to different pharmacotherapies.

If the criteria remain as proposed, the NCPG questions the necessity of changing the label from "pathological gambling" to "disordered gambling." However, if proposed severity criteria are adopted or an abuse/dependence distinction is made, the Board supports the label of "gambling disorder" or "gambling abuse and gambling dependence."

FORTHCOMING CONFERENCES

- 9 – 12 June 2010, Portland, Oregon, USA
National Council on Problem Gambling 24th National Annual Conference
<http://www.ncpgambling.org:80/i4a/pages/index.cfm?pageid=3824>
- 26 – 30 June 2010, Vancouver, Canada
North American Gaming Regulators Association Annual Conference
<http://www.nagra.org/cde.cfm?event=302442>
- 28 – 30 July 2010, Kansas City, Texas, USA
Midwest Conference on Problem Gambling and Substance Abuse
http://www.888betsoff.org/links/midwest_conference.shtm
- 14 – 17 September 2010, Vienna, Austria
8th European Conference on Gambling Studies and Policy Issues
- 1 – 3 December 2010, Jupiters, Queensland
20th Annual Conference of the Australian National Association for Gambling Studies

Addiction, 102

⁹ Toce-Gerstein, M., Gerstein, D. R., & Volberg, R. A. (2003). A hierarchy of gambling disorders in the general population. *Addiction* 98

¹⁰ Gambino, B. (2009). Should gambling be included in public health surveillance systems? *Journal of Gambling Issues* (23)

¹¹ Blaszczynski, A., & Nower, L. (2002). A pathways model of problem and pathological gambling. *Addiction*, 9

INCREASED DRUG ABUSE BY PROBLEM GAMBLERS

More than 20% of problem gamblers abuse prescription pills, says a new study presented at the 9th Annual Alberta Conference on Gambling Research this month. The incidence of this abuse is increasing rapidly, leading researchers to wonder if problem gambling causes pill addiction or if the medication feeds the urge to gamble.

Lead author Cheryl Currie of the University of Alberta's school of public health said there was a need to establish whether "prescriptions lead to gambling problems or gambling problems lead to prescription problems. Which direction is the relationship going?"

She said that as gambling problems get more severe, the abuse of legal pills gets worse. Currie thought amphetamines would be problem gamblers' drug of choice, so they could stay awake to gamble as long as possible. But gamblers' abuse of prescription drugs follows overall population trends. Generally, painkillers are the most abused prescription medications, followed by sedatives and then amphetamines. The same order applies when being used by problem gamblers, except at much higher rates.

The relationship between these two potentially dangerous activities has previously gone unnoticed. As researchers continue to delve into the issue, they try to discover the reason behind the emerging correlation. Currie suggests that abuse of prescription pills may curb the urge to gamble, while others believe that it may be a way to cope with their financial losses: "They run out of money, they can't go gamble, but they're still having cravings to gamble, so they might use painkillers or sedatives to go to sleep and deal with those cravings."

Or popping pills may be a way to cope with gambling losses, she says: "They've lost \$3 000 at the casino and they can't sleep because they're so upset they've got no more money to go gambling to chase their losses. So they overuse a prescription to numb the anxiety they feel because now they can't make the mortgage payment."

The research team also speculates about the role of mental health problems. People with gambling problems or a tendency to misuse prescription medication generally have higher rates of mental illness.

GAMBLING LINKED TO ONE IN FIVE SUICIDAL PATIENTS

Almost one in five suicidal patients seen by the Alfred Hospital's emergency department is a problem gambler, figures from recent research have shown. The 17 per cent figure, which includes patients referred by mental health crisis teams, is about 20 times the rate of problem gambling in the community.

Professor Jayashri Kulkarni, director of the Monash Alfred Psychiatry Research Centre, said researchers made the discovery after screening 898 suicidal patients for gambling problems over six months last year. He said the centre began providing specialist treatment late last year for 50 of the screened patients, who have been receiving treatment from GPs, psychiatrists, psychologists and other counsellors.

After four months, the programme has had promising results, with 18 patients with a severe problem having stopped gambling. Their treatment will run for up to 18 months for staff to watch for relapses.

Victoria State gaming minister Tony Robinson has announced that \$665 000 will be spent over two years to expand the programme around the state. He said the initiative grew out of increasing understanding that "one of the underlying drivers of problem gambling is a pre-existing mental health condition". He said only 1 per cent of gamblers were problem gamblers - a figure disputed by researchers - "but we can't afford this work to stop".

Professor Kulkarni said that in the past patients left the system after their suicidal thinking diminished and the onus was on them to find treatment and stick with it. "Often that's a difficult ask for someone who is in crisis. What we're doing is picking up the problem early and providing a ready-made treatment."